Conclusions: There is wide inter-surgeon and inter-unit variability in the use of preventative measures for SSI. Units have variable policies or cultures, with little standardisation. Significant appetite exists for a multiarm phase III RCT, which will ultimately produce more robust and evidence-based standardised policies.

0665: A HISTORY OF WOMEN IN SURGERY

Nita Makwana*. *Health Education North East, North East England, UK.*

Introduction: The history of women in surgery is explored to discover the fascinating changes that have occurred and how women have played their role in its advancement.

Methods: A literature review was conducted to explore the colourful history of women in medicine and their evolution in surgery, from ancient times to the modern era. The information was gathered from texts, journal articles, hospital archives and the website of the Royal College of Surgeons of England.

Results: Evidence suggests female surgeons were practicing since 3500 BC in various guises. Key women have paved the path for the modern day surgeon. The first female surgeon with formal recognition was Eleanor Davies-Colley, admitted as a Fellow of the Royal College in 1911. A hundred later there were 3073 fellows and members. Female surgeons have additionally taken on professorial roles, college council positions and become educators.

Conclusions: The journey of women in surgery has been a remarkable. Their contribution to this art has evolved since ancient times, however the profoundest changes have taken place in the last century. As the number of females entering medical school continues to rise, it will be reflected in the face of surgery in years to come.

0680: ADHERENCE TO BRITISH HERNIA SOCIETY GUIDELINES – AN AUDIT OF MID CHESHIRE HOSPITALS TRUST

Jordan Fletcher*, Caroline Cozon, Magdi Hanafy. *Leighton Hospital, Crewe, UK.*

Introduction: The British Hernia Society (BHS) issues evidence based guidelines representing in the management of groin hernia, with predefined peer review measures. **Our aim was t**o identify Mid Cheshire Hospitals Trust (MCHT) adherence to BHS guidelines and their audit standards, with respect to day case rates (70%), 7 & 30 day readmission rate (<5%), laparoscopic rates for recurrent groin hernia (>40%) and bilateral groin hernia (>40%).

Methods: Retrospective analysis, 1st Jan 2013-31st July 2013. Inclusion criteria: age 16+, elective open or laparoscopic repair.

Results: n=160 (unilateral: 133, bilateral: 26; laparoscopic: 52, open: 108). Day case rate: 84.9% (135/159); 7 day readmission rate: 5.0% (8/160); 30 day readmission rate: 6.9% (11/160); laparoscopic recurrent hernia: 72.7% (8/11); laparoscopic bilateral hernia: 80.7% (21/26)

Conclusions: We are meeting/exceeding BHS guidelines, with exception of 30day readmission rates - which are "all cause", inherently including admissions unrelated to the hernia surgery (e.g. gallstones) as well as related admissions (urinary retention, haematoma etc.). Further consideration of factors leading to readmission, identification of patients at increased risk of readmission and strategies to prevent their avoidable readmissions must be considered. We are meeting/exceeding BHS guidelines; however 30day readmission rates require further consideration and will be re-audited following appropriate intervention.

0723: QUALITY OF OPERATION NOTE DOCUMENTATION IN GENERAL SURGICAL PATIENTS: RE-AUDIT RESULTS

Jonathan Cutting*, Tanvir Hossain, Karen Maude. *Scarborough General Hospital, Scarborough, UK.*

Introduction: To assess the effect of a newly introduced operation note proforma on the standard of operative documentation in accordance with Royal College of Surgeons guidelines (Good Surgical Practice, 2008).

Methods: A prospective audit of operative documentation for patients undergoing general surgical procedures, during a 2 week period in October 2013, within a district general hospital was performed. An operation note proforma was subsequently introduced with an accompanying poster of the required standards before re-auditing.

Results: 36 cases were included in the initial audit and 43 cases in the re-audit. Operation note proformas were completed in 58% of cases. 100% of cases had the operative procedure, post-operative instructions and a signature documented in both audits. Operative surgeons were documented in 92% of the initial audit and 98% of the re-audit. Operative findings were recorded in 94% of the initial audit and 100% of the re-audit. Re-audit documentation of operative time improved to 58% from 28%, legibility increased to 93% from 75% and documentation of priority improved to 60% from 14%.

Conclusions: Operation notes are important medico-legal documents and ensure continuity of care. The newly implemented operation note proforma has improved our compliance of operative documentation with Royal College guidelines.

0735: COMPLAINTS IN GENERAL SURGERY. A TOOL FOR LEARNING AND REFLECTION

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Introduction: Between April 2012-2013 162,000 written complaints regarding NHS (England) organisations were lodged. Our aim was to evaluate complaints made against our General Surgery department.

Methods: Complaints between January 2010 and June 2013 were obtained. The complaint and response letter was reviewed and issues identified.

Results: Over 42 months there were 171 complaints, the median number per consultant was 23 (range 5-41). 51.5% (n=88) were regarding male patients. 57.3% (n=98) were lodged by the patient, 33.9% (n=58) were lodged by a relative and 8.8% (n=15) were lodged by a solicitor or MP on a patients' behalf. 58.4% (n=100) arose from an emergency and 28.7% (n=49) from elective admissions. Outpatients generated 12.9% (n=22). 41.5% (n=71) stated a perceived delay in investigation or treatment, 38.6% (n=66) stated a perceived complication or mismanagement and 24% (n=41) stated a communication failure as a cause for concern. 22.2% (n=38) and 19.9% (n=34) of complaints arose from perceived poor doctors' and nurses' attitudes respectively. 13.4% (n=23) stated institutional problems.

Conclusions: Emergency admissions are more likely to be unsatisfied. A perceived delay in investigation/treatment was the most common reason. Reviewing complaints has allowed us to reflect on practice and helped to improve the patient pathway and experience.

0747: UPGRADING TO DIGITAL: OBJECTIVE REVIEW OF OUR QUALITY IMPROVEMENT PROJECT UPGRADING HANDOVER FROM A PAPER BASED SYSTEM TO A TRUST WIDE COMPUTERISED E-HANDOVER SYSTEM

Rober Grounds*, Oliver Sidebotham. *University Hospital of Wales, Cardiff, UK.*

Introduction: To conduct a quality improvement project aiming to improve handover for junior doctors within a surgical department at a large university teaching hospital.

Methods: We performed a survey amongst junior doctors that demonstrated 100% agreement that an e-handover system would be more effective than the current paper based system for handing jobs over to doctors on-call out of hours. A focus group was created which in conjunction IT specialists developed a trust wide "e-handover function" added to pre-existing hospital computer software. Training was provided at compulsory induction sessions in August to ensure uptake amongst junior doctors.

Results: A repeat survey of doctors after implementation found a significant streamlining in handover by preventing duplication of efforts to handover a given task (p=0.013), and a significant reduction in reported rates of tasks handed over not being completed (p=0.011), with obvious beneficial effect to patients.

Conclusions: Implementation of trust-wide computer software for handover requires input from a faculty of specialists and IT experts, but initiation is best steered by front line staff working daily on the wards. Junior doctors therefore will undoubtedly be essential in driving change with the NHS and recruiting the support of specialist help to achieve their aims.

0754: DELAYS TO IMAGING IN GENERAL SURGICAL PATIENTS; IMPROVING ACCESS TO ULTRASOUND SCANNING

Thomas Brophy*, Christine Poo, Srinivasan Ravi. *Blackpool Victoria Hospital, NHS Foundation Trust, Blackpool, UK.*

Introduction: The concept of a 7-day working week is not new. Several specialties already adopt a 7-day working week. NHS Improving Quality has established the '7-days a week forum' in an effort to deliver key services 7 days a week[1]. The aim of this study was to establish if patients